

Date_____

TOWN OF ROCKY HILL
761 OLD MAIN STREET ROCKY HILL, CT 06067
860-258-2733
APPLICATION TO INSTALL SIGN

Location_____

Tenant's name_____

Installer_____ Address_____

Type of sign Wall_____Ground mounted_____Pole_____Marque_____Roof_____

Dimension of sign X____X____X____Height from finish grade to top_____

DESCRIBE HOW SIGN IS DESIGNED, CONSTRUCTED, SUPPORTED AND ILUMINATED:

PLANS SUBMITTED_____ **YES**_____ **NO**_____ **IS SIGN UL APPROVED? YES**_____ **NO**_____

Estimated cost of work_____

(value of Mat'l & Labor)

Permit Fee_____ License #_____

Phone #_____ cell #_____

Approval_____

Building Official

Date_____

Signature_____

Of applicant

Installer's Email Address_____

(required)

